

## State Human Rights Committee Application for Membership

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Today's Date:

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Name:

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Street Address:

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City, State, Zip:

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Telephone #:

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Current (or most recent) Employer:

Employer's Address:

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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Occupation/ profession (if retired, list previous occupation):

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Educational Background:

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Please check categories in which you are eligible or willing to serve:

\_\_\_\_Professional    \_\_\_\_Family Member    \_\_\_\_Consumer    \_\_\_\_Healthcare Provider

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Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes\_\_\_\_ No\_\_\_\_

If so, name of program (or programs):

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Capacity in which you served:

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Dates of service:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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Have you been a member of a local human rights committee?

Yes\_\_\_\_\_ No\_\_\_\_\_

If so, which LHRC did you serve on?

Capacity in which you served:

Dates of service:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If so, please describe your experience on the local human rights committee.

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Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

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What is your interest in serving on a State Human Rights Committee?

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As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state that results in members frequently staying overnight on the Thursday prior to the meeting.

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Please use the space below to provide any additional information you think is relevant to your application.

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Applicant's Signature:

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Thank you for your interest in serving on the State Human Rights Committee